

File No. _____ Date Completed: _____ By: _____

REQUEST FOR SPECIAL ADMINISTRATIVE PERMIT (SAP)

(Private Property)

City of Atlanta, Bureau of Planning, Development Review Division
55 Trinity Avenue, Suite 3350, Atlanta, Georgia 30335-0310

APPLICANT

COMPANY

ADDRESS

PHONE NO.

PROPERTY OWNER

COMPANY

ADDRESS

PHONE NO.

ADDRESS OF PROPERTY

Zoning Classification _____ Land Lot _____ Land District _____

INSTRUCTIONS:

- Submittals: 1) Written summary description of proposed improvements or event;
2) Four (4) copies of the site plan. In SPI districts elevations are required. (Additional plans or documents may be required at the discretion of the Director of the Bureau of Planning);
3) For events which involve tents, a copy of the liability insurance for the tent is required.
- Fees: 1) \$250.00 for Special Administrative Permit in all SPI zoning districts.
2) \$100.00 for all other zoning districts.

Payments are accepted in the form of a personal check, cashier's check, money order made payable to the "City of Atlanta". Payments may also be made in cash or by credit card.

By signing below, I certify that I am the property owner. (If not, attach a notarized written consent of the owner authorizing the filing of this request for a Special Administrative Permit.)

Date _____ Signature _____

The Atlanta City Code provides that the Director of the Bureau of Planning shall review and decide each request for Special Administrative permit within thirty (30) days of the filing of such request. (Atlanta Code Chapter 16, Section 16-25)

(FOR OFFICE USE ONLY)

The above request for Special Administrative Permit was _____ on _____.

As part of the approval, the following variations were granted: _____

AUTHORIZATION BY PROPERTY OWNER

(Required only if applicant is not the owner of property subject to the proposed rezoning)

I, _____(OWNER'S NAME)

SWEAR AND AFFIRM THAT I AM THE OWNER OF THE PROPERTY AT _____
_____(PROPERTY ADDRESS).

AS SHOWN IN THE RECORDS OF _____ COUNTY, GEORGIA, WHICH
IS THE SUBJECT MATTER OF THE ATTACHED APPLICATION. I AUTHORIZE THE
PERSON NAMED BELOW TO FILE THIS APPLICATION AS MY AGENT.

NAME OF APPLICANT

LAST NAME _____ FIRST NAME _____

ADDRESS _____ STREET NAME _____ SUITE _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER

AREA CODE () NUMBER _____ - _____

Signature of Owner

Print name of owner

Personally Appeared Before Me this _____ day of _____, 2____.

Notary Public